

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/2/00</i>
O.I.P.E. CLASSIFIER	<i>2/1</i>	<i>JC 583</i>	<i>1/5/01</i>
FORMALITY REVIEW			<i>04/27/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	10	✓
2	✓	11	✓
3	✓	12	✓
4	✓	13	✓
5	✓	14	✓
6	✓	15	✓
7	✓	16	✓
8	✓	17	✓
9	✓	18	✓
10	✓	19	✓
11	✓	20	✓
12	✓	21	✓
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14	✓	23	✓
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19	✓	28	✓
20	✓	29	✓
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26	✓	35	✓
27	✓	36	✓
28	✓	37	✓
29	✓	38	✓
30	✓	39	✓
31	✓	40	✓
32	✓	41	✓
33	✓	42	✓
34	✓	43	✓
35	✓	44	✓
36	✓	45	✓
37	✓	46	✓
38	✓	47	✓
39	✓	48	✓
40	✓	49	✓
41	✓	50	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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